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-		(Req	uestor's Nam	ie)	
		(Addi	ress)		
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	<u>.</u>	(City/	State/Zip/Ph	one #)	
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ertified	Copies	<u>-</u>	Certifica	ites of S	Status
Specia	I Instructio	ns to Fi	ling Officer:	-	

Office Use Only

A. RIVERS
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COVER LETTER

	egistration Se ivision of Cor					
cup we	1 & M INVESTORS LLC					
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please retu	rn all correspo	indence concerning this matter	to the following:			
		GUTIERREZ DAVID				
			Name of Person			
		1 & M INVESTORS LLC				
			Firm Company			
		14422 SHORESIDE WAY	SUITE 110			
			Address			
		WINTER GARDEN FLOI	RIDA 34787			
		_	City/State and Zip Code			
		DGMIM7813@gmail.com				
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	dification)		
Javier Gor	nez		321 948-2052 at()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	s a check for th	ne following amount:				
Z \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)		
	lailing Addres		Street Address:	ection		
	egistration Sivision of C			Registration Section Division of Corporations		
P	O. Box 632	7	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I & M INVESTORS LLC

(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on O	6/21/2018	and assigned
Florida document numberL18000152911				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited <u>liab</u>	ility company her	<u>·e</u> :	
N/A			· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	14422 SHOR	ESIDE WAY SU	ИТ <u>Е 110</u>
(Principal office address MUST BE A STREET)		WINTER GAR	RDEN FL	34787
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		14422 SHOR	ESIDE WAY SU	JITE 110
(Mailing address MAY BE A POST OFFICE BO	WINTER GARDEN FL		34787	
				- N
B. If amending the registered agent and/or reg		address on our re	cords, enter the n	ame of the new regist
agent and/or the new registered office address l	<u>nere</u> :			2022 JAN
Name of New Registered Agent:	<u>GUTIERR</u>	EZ DAVID	1.11	<u></u>
New Registered Office Address:	14422 SF	HORESIDE WA	Y SUITE 110	=
	- ·	Enter Flori	da street address	
	WINTER	R GARDEN	, Florida	34787
		City		Zip Code
Nam Desistand Agent's Signature, if changing Dec	sistared Agent:			$\sim 14 \omega$

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MUNOZ AMPARO	14422 SHORESIDE WAY SUITE 110	□ Add
		WINTER GARDEN FL 34787	□ Remove
			⊠Change
MGR	GUTIERREZ DAVID	14422 SHORESIDE WAY SUITE 110	□Add
		WINTER GARDEN FL 34787	□Remove
			\text{\text{\$\tilde{N}\$}} Change
			□Add
			🗆 Remove
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			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effection Note: If t	date, if other than the date of filing:
the record spoord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 22
	David Gutierrez
	Signature of a member or authorized representative of a member
	Typed or printed name of signee